

Application Checklist

Use this checklist to help you arrange the sections of the application in the correct order. This form is available as a fill-in form on the IMLS web site (see information on electronic forms, page 4.2).

- ☐ Face Sheet
- ☐ Application Checklist
- ☐ Abstract
- ☐ Narrative
- ☐ Schedule of Completion
- ☐ Project Budget
 - ☐ Detailed Budget
 - ☐ Summary Budget
 - ☐ Budget Justification
- ☐ Current, Federally Negotiated Rate for Indirect Costs, if applicable
- ☐ Specifications for Projects Involving Digitization, if applicable
- ☐ Partnership Statement, if applicable
- ☐ Proof of Non-Profit Status, if applicable
- ☐ Applicant(s) Organizational Profile
- ☐ Assurances/Certification of Authorizing Official
- ☐ Resumes of Key Personnel (no longer than two pages per person)
- ☐ Attachments, as appropriate
 - ☐ Report from Planning Activities (e.g., Needs Assessments, Digitization Plans)
 - ☐ Products or Evaluations from Previously Completed or Ongoing Projects of a Similar Nature
 - ☐ Other _____

Face Sheet

OMB No. 3137-0035
CFDA No. 45.312

1. Applicant Organization _____

2. Institutional Mailing Address _____

3. City _____

4. State _____

5. Zip Code _____

6. Web Address _____

7. Name of Project Director/Principal Investigator ☐ Mr. ☐ Ms. ☐ Dr. 8. Business Phone of Project Director _____

9. Project Director Mailing Address _____

10. City _____

11. State _____

12. Zip Code _____

13. Fax Number of Project Director _____

14. E-mail Address of Project Director _____

15. Name and Title of Authorizing Official _____

16. Business Phone of Authorizing Official _____

17. Sponsoring institution if applicable (e.g., municipality, state, or university)

☐ check if this entity will manage funds if an award is made. Name and address: _____18. Is the applicant organization university controlled? ☐ yes ☐ no

19. For museum applicants, Non-Federal operating budget for the most recently completed fiscal year \$ _____

20. Project Title _____

21. AMOUNT REQUESTED \$ _____

22. Amount of Matching Funds \$ _____

23. Grant Period (Starting Date) ____ / ____ / ____ — ____ / ____ / ____ (Ending Date)

24. In the space below, include names of any organizations that are official partners of the project.

25. Check governing control of applicant (select one) ☐ State ☐ County ☐ Private Non-Profit
☐ Municipal ☐ Tribal Government ☐ Other, please specify _____

26. Check Type of Organization (select one)

- | | |
|--|--|
| <input type="checkbox"/> Public Library | <input type="checkbox"/> Arboretum |
| <input type="checkbox"/> Academic Library | <input type="checkbox"/> Art museum |
| <input type="checkbox"/> School library or school district applying on behalf of a school library or libraries | <input type="checkbox"/> Children's/youth museum |
| <input type="checkbox"/> Special library | <input type="checkbox"/> General museum* |
| <input type="checkbox"/> Private non-profit library | <input type="checkbox"/> Museum library |
| <input type="checkbox"/> Archives | <input type="checkbox"/> Historic house/site |
| <input type="checkbox"/> Library consortium | <input type="checkbox"/> History Museum |
| <input type="checkbox"/> Library association | <input type="checkbox"/> Natural history museum |
| <input type="checkbox"/> State library agency | <input type="checkbox"/> Nature center |
| <input type="checkbox"/> Planetarium | <input type="checkbox"/> Museum organization |
| <input type="checkbox"/> State museum agency | <input type="checkbox"/> Science/technology museum |
| <input type="checkbox"/> Aquarium | <input type="checkbox"/> Zoo |
| <input type="checkbox"/> Institution of Higher Education | <input type="checkbox"/> Specialized** |
| | <input type="checkbox"/> Other, please specify _____ |

27. Employer identification number/tax ID number _____

28. Check Type of Project (select one)

For Libraries:

- ☐ Continuing Education, Curriculum Development, and Training
☐ Research and Demonstration
☐ Preservation or Digitization

For Museums:

- ☐ Museums Online
☐ Museums in the Community
☐ Professional Practices

For Library and Museum Collaborations:

- ☐ Library and Museum Collaborations

*A museum with collections representing two or more disciplines equally (e.g., art and history).

** A museum with collections limited to one narrowly defined discipline (e.g., textiles, stamps, maritime, ethnic group).

Project Budget Form

SECTION 1: DETAILED BUDGET

Year 1 - Budget Period from ____ / ____ / ____ to ____ / ____ / ____

Name of Applicant Organization _____

IMPORTANT! READ INSTRUCTIONS ON PAGES 4.4–4.5 BEFORE PROCEEDING.

SALARIES AND WAGES (PERMANENT STAFF)

NAME/TITLE	NO.	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
TOTAL SALARIES AND WAGES \$			_____	_____	_____	_____

SALARIES AND WAGES (TEMPORARY STAFF HIRED FOR PROJECT)

NAME/TITLE	NO.	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
TOTAL SALARIES AND WAGES \$			_____	_____	_____	_____

FRINGE BENEFITS

RATE		SALARY BASE	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	% of \$	_____	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____	_____
TOTAL FRINGE BENEFITS \$			_____	_____	_____	_____

CONSULTANT FEES

NAME/TYPE OF CONSULTANT	RATE OF COMPENSATION (DAILY OR HOURLY)	NO. OF DAYS (OR HOURS) ON PROJECT	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
TOTAL CONSULTANT FEES \$			_____	_____	_____	_____

TRAVEL

FROM/TO	NUMBER OF: PERSONS DAYS	SUBSISTENCE COSTS	TRANSPORTATION COSTS	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	() ()	_____	_____	_____	_____	_____	_____
_____	() ()	_____	_____	_____	_____	_____	_____
_____	() ()	_____	_____	_____	_____	_____	_____
_____	() ()	_____	_____	_____	_____	_____	_____
TOTAL TRAVEL COSTS \$				_____	_____	_____	_____

Project Budget Form

SECTION 1: DETAILED BUDGET CONTINUED

Year 1

MATERIALS, SUPPLIES AND EQUIPMENT

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL COST OF MATERIALS, SUPPLIES, & EQUIPMENT \$		_____	_____	_____	_____

SERVICES

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL SERVICES COSTS \$		_____	_____	_____	_____

OTHER

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL OTHER COSTS \$		_____	_____	_____	_____

TOTAL DIRECT PROJECT COSTS \$	_____	_____	_____	_____
--------------------------------------	-------	-------	-------	-------

INDIRECT COSTS

Check either item A or B and complete C. (See section on Indirect Costs, page 4.4.)

Applicant organization is using:

- ☐ A. an indirect cost rate which does not exceed 20% of modified total direct costs – may be listed only as cost sharing.
- ☐ B. Federally negotiated Indirect Cost Rate (see page 4.4).

Name of Federal Agency

Expiration Date of Agreement

C.	Rate base(s)	Amount(s)		
_____	% of \$	_____	=	\$ _____
_____	% of \$	_____	=	\$ _____
_____	% of \$	_____	=	\$ _____

	IMLS	APPLICANT	PARTNER(S) IF APPLICABLE	TOTAL
TOTAL INDIRECT COSTS CHARGED TO \$	_____	_____	_____	_____

Project Budget Form

SECTION 1: DETAILED BUDGET

Year 2 (if applicable) – Budget Period from ____ / ____ / ____ to ____ / ____ / ____

Name of Applicant Organization _____

IMPORTANT! READ INSTRUCTIONS ON PAGES 4.4–4.5 BEFORE PROCEEDING.

SALARIES AND WAGES (PERMANENT STAFF)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
TOTAL SALARIES AND WAGES			\$	_____	_____	_____

SALARIES AND WAGES (TEMPORARY STAFF HIRED FOR PROJECT)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
TOTAL SALARIES AND WAGES			\$	_____	_____	_____

FRINGE BENEFITS

RATE		SALARY BASE	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	% of \$	_____	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____	_____
TOTAL FRINGE BENEFITS			\$	_____	_____	_____

CONSULTANT FEES

NAME/TYPE OF CONSULTANT	RATE OF COMPENSATION (DAILY OR HOURLY)	NO. OF DAYS (OR HOURS) ON PROJECT	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
TOTAL CONSULTANT FEES			\$	_____	_____	_____

TRAVEL

FROM/TO	NUMBER OF: PERSONS	DAYS	SUBSISTENCE COSTS	TRANSPORTATION COSTS	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	()	()	_____	_____	_____	_____	_____	_____
_____	()	()	_____	_____	_____	_____	_____	_____
_____	()	()	_____	_____	_____	_____	_____	_____
_____	()	()	_____	_____	_____	_____	_____	_____
TOTAL TRAVEL COSTS					\$	_____	_____	_____

Project Budget Form

SECTION 1: DETAILED BUDGET CONTINUED

Year 2

MATERIALS, SUPPLIES AND EQUIPMENT

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL COST OF MATERIALS, SUPPLIES, & EQUIPMENT \$		_____	_____	_____	_____

SERVICES

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL SERVICES COSTS \$		_____	_____	_____	_____

OTHER

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL OTHER COSTS \$		_____	_____	_____	_____

TOTAL DIRECT PROJECT COSTS \$	_____	_____	_____	_____
--------------------------------------	-------	-------	-------	-------

INDIRECT COSTS

Check either item A or B and complete C. (See section on Indirect Costs, page 4.4.)

Applicant organization is using:

- ☐ A. an indirect cost rate which does not exceed 20% of modified total direct costs - may be listed only as cost sharing
- ☐ B. Federally Negotiated Indirect Cost Rate (see page 4.4).

Name of Federal Agency

Expiration Date of Agreement

C.	Rate base(s)	Amount(s)		
_____	% of \$	_____	=	\$ _____
_____	% of \$	_____	=	\$ _____
_____	% of \$	_____	=	\$ _____

	IMLS	APPLICANT	PARTNER(S) IF APPLICABLE	TOTAL
TOTAL INDIRECT COSTS CHARGED TO \$	_____	_____	_____	_____

Project Budget Form

SECTION 1: DETAILED BUDGET

Year 3 (if applicable) - Budget Period from ____ / ____ / ____ to ____ / ____ / ____

Name of Applicant Organization _____

IMPORTANT! READ INSTRUCTIONS ON PAGES 4.4–4.5 BEFORE PROCEEDING.

SALARIES AND WAGES (PERMANENT STAFF)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
TOTAL SALARIES AND WAGES \$			_____	_____	_____	_____

SALARIES AND WAGES (TEMPORARY STAFF HIRED FOR PROJECT)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____
TOTAL SALARIES AND WAGES \$			_____	_____	_____	_____

FRINGE BENEFITS

RATE		SALARY BASE	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	% of \$	_____	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____	_____
TOTAL FRINGE BENEFITS \$			_____	_____	_____	_____

CONSULTANT FEES

NAME/TYPE OF CONSULTANT	RATE OF COMPENSATION (DAILY OR HOURLY)	No. OF DAYS (OR HOURS) ON PROJECT	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
TOTAL CONSULTANT FEES \$			_____	_____	_____	_____

TRAVEL

FROM/TO	NUMBER OF: PERSONS DAYS	SUBSISTENCE COSTS	TRANSPORTATION COSTS	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	() ()	_____	_____	_____	_____	_____	_____
_____	() ()	_____	_____	_____	_____	_____	_____
_____	() ()	_____	_____	_____	_____	_____	_____
_____	() ()	_____	_____	_____	_____	_____	_____
TOTAL TRAVEL COSTS \$				_____	_____	_____	_____

Project Budget Form

SECTION 1: DETAILED BUDGET CONTINUED

Year 3

MATERIALS, SUPPLIES AND EQUIPMENT

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL COST OF MATERIALS, SUPPLIES, & EQUIPMENT \$		_____	_____	_____	_____

SERVICES

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL SERVICES COSTS \$		_____	_____	_____	_____

OTHER

ITEM	METHOD OF COST COMPUTATION	IMLS	APPLICANT	PARTNER(S) (IF APPLICABLE)	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL OTHER COSTS \$		_____	_____	_____	_____

TOTAL DIRECT PROJECT COSTS \$	_____	_____	_____	_____
--------------------------------------	-------	-------	-------	-------

INDIRECT COSTS

Check either item A or B and complete C. (See section on Indirect Costs, page 4.4.)

Applicant organization is using:

- ☐ A. an indirect cost rate which does not exceed 20% of modified total direct costs - may be listed only as cost sharing
- ☐ B. Federally Negotiated Indirect Cost Rate (see page 4.4).

Name of Federal Agency

Expiration Date of Agreement

C.	Rate base(s)	Amount(s)		
_____	% of \$	_____	=	\$ _____
_____	% of \$	_____	=	\$ _____
_____	% of \$	_____	=	\$ _____

	IMLS	APPLICANT	PARTNER(S) IF APPLICABLE	TOTAL
TOTAL INDIRECT COSTS CHARGED TO \$	_____	_____	_____	_____

Project Budget Form

SECTION 2: SUMMARY BUDGET

Name of Applicant Organization _____

IMPORTANT! READ INSTRUCTIONS ON PAGES 4.4–4.5 BEFORE PROCEEDING.

DIRECT COSTS

	IMLS	Applicant	Partner(s) (if applicable)	Total
SALARIES & WAGES	_____	_____	_____	_____
FRINGE BENEFITS	_____	_____	_____	_____
CONSULTANT FEES	_____	_____	_____	_____
TRAVEL	_____	_____	_____	_____
MATERIALS, SUPPLIES & EQUIPMENT	_____	_____	_____	_____
SERVICES	_____	_____	_____	_____
OTHER	_____	_____	_____	_____
TOTAL DIRECT COSTS	\$ _____	\$ _____	\$ _____	\$ _____

INDIRECT COSTS * \$ _____ \$ _____ \$ _____ \$ _____

If you do not have a current Federally negotiated rate, your indirect costs must appear in the Applicant or Partner columns only. If you have a current Federally negotiated rate, you may request indirect costs from IMLS only on the direct project costs requested from IMLS.

TOTAL PROJECT COSTS \$ _____

AMOUNT OF CASH-MATCH \$ _____ \$ _____

AMOUNT OF IN-KIND CONTRIBUTIONS \$ _____ \$ _____
(INSTITUTIONAL COST-SHARING), INCLUDING INDIRECT COSTS

TOTAL AMOUNT OF MATCH (CASH & IN-KIND CONTRIBUTIONS) \$ _____

AMOUNT REQUESTED FROM IMLS, INCLUDING INDIRECT COSTS \$ _____

PERCENTAGE OF TOTAL PROJECT COSTS REQUESTED FROM IMLS _____ %
(MAY NOT EXCEED 50% IF REQUEST EXCEEDS \$250,000 – RESEARCH PROJECTS EXCEPTED, SEE COST SHARING ON PAGE 1.7)

Have you received or requested funds for any of these project activities from another Federal agency?
(Please check one) ☐ Yes ☐ No

If yes, name of agency _____

Date of application _____ or award _____ Amount requested or received \$ _____

Specifications for Projects Involving Digitization

1. Describe types of materials to be digitized (i.e., artifacts, maps, manuscripts, photographs, audio recordings, video recordings, motion pictures) and number of each:

2. Identify copyright issues and other potential restrictions:

☐ Public domain ☐ Permissions have been obtained

☐ Permissions to be requested - Plan to address: _____

☐ Privacy concerns - Plan to address: _____

☐ Other - Explain: _____

3. List the equipment, with specifications, whether purchased, leased, or outsourced, that will be used (e.g., camera, scanner, server): _____

4. Specify each type of file format (e.g., TIFF, JPEG) to be produced and anticipated image quality of each (minimum resolution, depth, tone, pixels) :

☐ Master _____

☐ Access _____

☐ Thumbnail _____

☐ Formats for other media (e.g., audio, video, motion picture), include sampling rates, if applicable _____

5. Describe the quality control plan: _____

6. Estimate cost per image. Include costs such as scanning, quality control and indexing. Indicate the basis for calculation: _____

7. Explain how you will describe the content through metadata, including which standard you will use (e.g., MARC, EAD, Dublin Core): _____

8. Describe plans for preservation and maintenance of the digital files after the expiration of the grant period (i.e., storage systems, migration plans, and funding): _____

9. If you are producing collection-level records, describe plans for submitting collection-level descriptive records to a bibliographic utility, such as Research Libraries Information Network (RLIN) or Online Computer Library Center (OCLC). State reasons for selecting any alternative approaches:

10. Describe plans for submitting information about the project to a national level registry of digital resources, such as the Association of Research Libraries' Digital Initiatives Database (<http://www.arl.org/did/>) or OCLC's Cooperative Online Resource Catalog (<http://www.oclc.org/corc>). State reasons for selecting any alternative approaches:

11. Provide URL(s) for applicant's previously-digitized collections: _____
